


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002910 1. Entity Name WINCHESTER PROPERTIES OF TALLAHASSEE, LTD.		
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Principal Place of Business 406 NORTH RIDE TALLAHASSEE, FL 32303	Mailing Address 406 NORTH RIDE TALLAHASSEE, FL 32303
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



03182004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3487077	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BASS, GAIL W 406 NORTH RIDE TALLAHASSEE, FL 32303	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,315,306.12	10. Amount of Capital Contributions in FLORIDA to date. \$565,306.12	Amount Due \$ 526.25
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	WINCHESTER, RICHARD B	CITY - ST - ZIP	
CITY - ST - ZIP	2303 ELLICOTT DRIVE TALLAHASSEE, FL 32312		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	BASS, GAIL W	CITY - ST - ZIP	
CITY - ST - ZIP	406 NORTH RIDE TALLAHASSEE, FL		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: <u>Gail W. Bass</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<u>3/18/04</u> <small>Date</small>	 <small>Daytime Phone #</small>
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STAPLE CHECK HERE